

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/661.366
	<b>Filing Date</b>	September 12, 2003
	<b>First Named Inventor</b>	Kerschbaumer, Randolf
	<b>Title</b>	FACTOR IXA SPECIFIC ANTIBODIES DISPLAYING FACTOR VIIIa LIKE ACTIVITY
	<b>Art Unit</b>	1644
	<b>Examiner Name</b>	Michael Edward Szperka
	<b>Attorney Docket Number</b>	20695C-006400US

I hereby revoke all previous powers of attorney given in the above-identified application.

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**44183**

**OR**

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Name	Registration Number

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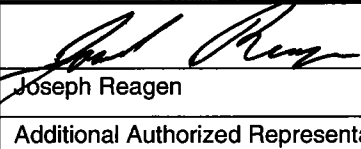
I am the:

Applicant/Inventor.

Joint assignee of record of an undivided portion of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	8/10/07
Name	Joseph Reagen	Telephone	847 948 3315
Title and Company	Additional Authorized Representative, Baxter Healthcare S.A.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.